
DEATH, BURIALS AND FUNERALS: GRIEVING IN THE SHADOW OF COVID-19

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Abstract

Covid-19 has radically upended death and dying. Restrictive measures aimed at containing the spread of infections have resulted in a simplification or abandonment of many social and cultural practices related to burials, funerals and mourning. This article aims to examine how the pandemic has affected burials, funeral practices and mourning. It analyses the extent to which the restrictions balance the need to protect public health and the opportunity for mourners to honour the deceased. A consideration of the implications for surviving families and the wider community is important for future pandemic preparations.

Keywords: pandemic; death; burial; funeral; grief; mourning.

[A] INTRODUCTION

Covid-19 has radically upended death and dying. A marked increase in the number of deaths has resulted in innumerable households of bereaved families (Ritchie & Ors 2020; Kontopantelis & Ors 2021) compared to pre-pandemic times (Office for National Statistics 2020). Record numbers of deaths at the height of the pandemic led to pressures in keeping up with space and time for burials and funerals, despite expedited processes across many countries (Chaffin 2020; Esfandiari 2020; Ross 2020; Wright 2020b). The abrupt sundering of families in the wake of the pandemic has left living relatives traumatized, in addition to coping with the associated administrative burial, ritual and funeral arrangements for the deceased. While death is raging, infections continue to soar, resulting in mandatory restrictions in household gatherings and people movement on the basis of public health. Physical and social-distancing measures introduced as essential to curb infection transmission have reshaped the way the bereaved mourn for the deceased.

Social and cultural practices related to burials, funerals and mourning, such as spending time with the deceased, the last acts of washing and cleaning the deceased, and attending funerals and burials with families, are forced to be simplified or abandoned. For many families ravaged by the pandemic, the important mutual sharing of support in times of grief has become a luxury.

This article aims to examine how the pandemic has affected burials, funeral practices and mourning, drawing from relevant law and socio-cultural practices. It analyses the extent to which the restrictions balance the caution to protect public health, the opportunities for individuals to honour the deceased, and the implications for surviving families and the wider community. While it is accepted that customary practices are obliged to yield to temporary emergency measures in the interest of population health, the adverse effects these restrictions have on the living, bereaved families are significant considerations. Grave concerns surrounding the psychological wellbeing of bereaved families have emerged following heightened death rates and curtailment in burials and funerary practices (Graham 2020; Siddique 2020; Verdery & Ors 2020). The long-term implications, ranging from the inability to have closure, prolonged, complicated grief, and the physical and mental anguish at being deprived of the opportunity to mourn properly, are important concerns that illuminate aspects of the meaning of being human in the context of end-of-life.

The article begins with an overview of the common practices and distinct rituals relating to burials, funerals and mourning and their significance, drawing from examples from different socio-cultural contexts. We can see how these practices are intricately linked to notions of grief. They provide a basis to appreciate the changes resulting from the emergency law affecting burial and funeral practices during the pandemic and the extent to which such measures accommodate the mourners' needs, while attempting to strike a balance with protecting public health. In the light of these analyses, we examine the implications for bereaved families. The article concludes with reflections on potential options to support bereaved families during and beyond the pandemic. While the focus of the analysis is the UK, the discussion and implications have broader applications as the world continues to cope with the aftermath of the pandemic.

[B] THE SIGNIFICANCE OF BURIALS, FUNERALS, RITUALS AND MOURNING

The practice of burying the dead and associated rituals has been enshrined since time immemorial, ranging from the prominent funerary opulence in Victorian times to the striking poverty of paupers' funerals (Strange 2005). Burial is the practice of burying a dead body, while funeral is the ceremony held shortly after a person's death, usually including burial and cremation. Burial is the common method of disposal, with an ancient religious basis (Cantor 2010). This is true for funerary practices in the UK, with its Christian roots, where churches have authority over burial and funeral. The deceased were buried in local parish cemeteries, which subsequently developed into burials in private cemeteries (Green & Green 2006: 26). Burials and funerals in urban areas expanded exponentially in the industrial era in the nineteenth century, with rising funerary choices and influenced by an increasingly diverse population, which marked the departure from rural churchyards burials (Rugg & Parsons 2018). Cremation was predominantly used for deaths arising from the flu epidemic between 1914 and 1915, although some migrant communities opted for remains to be repatriated. Contemporary funerary practices are simpler and largely undertaken by funeral directors.

A typical body disposal process includes death verification by a medical practitioner, the death pronouncement, notification, registration and the issuance of the death certificate; care of the deceased, a wake, funeral service and burial (Cantor 2010; Rugg & Parsons 2018). Once death is notified, families, usually in conjunction with funeral directors, are tasked with selecting the mode of disposal (burial, embalming, cremation) and redressing the deceased (Rugg & Parsons 2018). We will see how these decisions are curtailed in an infectious diseases setting. In ordinary times, standard procedures such as death notices, coffins, flowers and funeral service orders are carried out. Where death occurred in hospitals, medical staff will be responsible for preparing and storing the body for the funeral. The laying out of a body, performed by the Last Offices of hospitals, signifies respect for the dead. Bodies are washed and cleansed, labelled and shrouded in white garments, or wrapped in sheets (body bags in the case of infectious disease) and sent to the mortuary (Green & Green 2006: 182). The Bereavement Services Officer will arrange for transport and disposal of bodies in cooperation with local authorities in a swift and dignified manner (Cantor 2010: 43, 44). The time between death occurring and funeral taking place normally lasts from five to ten days, and sometimes longer due to factors such as peak funeral times

or local authority shortages. There are some traditions of viewing the body and holding a wake prior to funerals where relatives visit the bereaved families, with offerings of meals or refreshments. The funeral day is usually marked by relatives and friends congregating at church, graveyard or crematorium. Where services are held indoors, music, singing and hymns are usually conducted, with eulogies delivered by funeral officiants and speeches by close family or friends of the deceased. Following funeral services, burials take place, with further words or prayers at the graveside as coffins are lowered into the ground and filled. Where cremations are chosen, the family would accompany the coffin to the crematorium following the conclusion of the funeral service. Where bodies are to be taken out of the country for burial, permission must be obtained from the coroner (Rugg & Parsons 2018).

Burial and funeral practices are symbolically significant, as they represent a respect for the dead and a collective sympathy for the loss of loved ones. Customary expressions of grief and condolences are spiritually significant, for they epitomize the separation between the realms of living and dying, which are often considered as therapeutic for the bereaved. The typical contours of funerals and burials demonstrate the close, interwoven links between the dead, the living and how rituals perform a significant role in the process. Burials, with the attendant rituals, are often associated with ancestral spirits, safeguarding cultural values and reorganization of social structures (Hoy 2013; Brennan 2014: 68). The dead body embodies the previous living, breathing person who is connected to the family, and this loss is recognized by the living through respectful treatment and mourning rituals (Cantor 2010; Conway 2012). The identity and appearance of the deceased and the feelings of the living towards the deceased represent the spiritual connections between them, which are often translated into actions in reminiscing the deceased, memorializations, open-casket viewing or speaking to and touching the deceased softly—actions which are crucial in facilitating closure (Cantor 2010: 30). Consequently, these rituals offer the opportunity for the living to reflect on life while grieving (Hoy 2013). Funerals thus provide the occasion for families and friends to honour the deceased and share social and emotional support (Brennan 2014: 217, 218).

Body disposal affects the living physically and psychologically. It exemplifies the intertwined relationships between culture and people, such that rituals are not merely procedural, but reflect a mosaic of social, community, cultural traditions, faiths and values transcending social classes and generations (Walter 2017: 71). For example, filial respect in Chinese society is reflected by worshipping dead parents as ancestors

with particular rituals and the offering of food performed at the graveside. Burials are common in Chinese funerals, with wakes following the funeral which lasts for 49 days, where chanting and prayers are conducted for the departed soul, open lamentations are common, and meals are served to mourners (Cheung & Ors 2006; Green & Green 2006: 300, 301). The rituals of touching, bathing and dressing the body and spending the final moments with the deceased in solitude represent the act of caring and are considered valuable to the bereaved (Cheung & Ors 2006: 73). Similarly, the ritual of 'crossing the bridge' during the funeral, which signifies the safe departure of the deceased to the afterlife, is said to provide experiential relief to the family (ibid: 75). A traditional meal-gathering of families after death in anticipation of the deceased spirit returning home symbolizes the final letting go (ibid: 79). These cultural practices collectively illustrate how rituals embedded in funerary practices facilitate the slow, healing journey of bereaved families. It also signifies shared grief and happiness, with an understanding that participation in the rituals benefits the deceased in the afterlife and the living families in this world (ibid: 85). Another example is the open pyre cremation observed by Hindus in India, symbolizing the departure of the soul; although this practice has been modified among British Hindus to the switching on at the crematorium (Walter 2017). Hindus do not believe in resurrection and that funerals should be visible to others. Cremation and its viewing thus fulfilled these beliefs (Rugg & Parsons 2018). Families and friends pay respect to the deceased through the ritual of walking around the body and then placing flowers on it. Following cremation, ashes are scattered in rivers or oceans, after which families and friends will gather for meals and prayers.

Religious and cultural traditions in funerary rituals provide spiritual structures to remember the deceased, wherein non-observance or departure from customary practices may result in anguish or family disagreements (Green & Green 2006: 217; Brennan 2014: 219). Examples include the practices by Buddhists whispering the name of Buddha into the ear of the near departed for good transition into the next life, while Catholics perceive the opportunity for a priest to hear the final confession of the dying as essential, with sermons, hymns and readings (Rugg & Parsons 2018). The ritual of cleansing the deceased and burying the dead within 24 hours rather than cremation within the Jewish community is based on resurrection beliefs, which is similar to Muslims (ibid). Such belief is reflected in the practice of embalming and swift burial and the proscription against autopsy. African-Caribbean Christians in the UK have strong familial influences and community practices that involve cultural and island identity, sometimes including cremation or burial

in the homeland (ibid: 246, 248). In this aspect, family and community participation is essential, where funerals may be delayed to enable relatives to travel to participate in the occasion. Funerals can be elaborate, with live music and singing, and, following the conclusion of burials, families might return to church for further gathering, and receiving calls and prayers at home for a week (ibid: 249). There is some similarity here to Irish wakes, which are lively, filled with storytelling, card games, songs and dance (Cantor 2010: 136).

Thus, rituals are important, durable elements in funerary practices from ancient periods to contemporary times, with strong associations between the dead and the living, reflected in unique forms and expressions, detailed rites and memorials, which are often linked to spiritual redemption and retributive justice (Rollo-Koster 2016). Rituals are socially constructed, underlining relationships, cultures and external constraints such as politics and public health priorities (Morgan & Ors 2009: 80). Rituals signal the deceased's transition to the afterlife, the act of protecting their souls and wellbeing, and offer an open avenue for socio-religious duties to take place, such as mourning, remembrance and the support of mourners (Morgan & Ors 2009: 56-58; Cantor 2010; Conway 2012). Rituals equally demonstrate the final gestures of affection and emotions (Strange 2005) and the continuing bond between the dead and the living, linking the meaning of life and beliefs in afterlife (Park 2012; Bradbury & Scarre 2017). The ritual of holding wakes served as the beginning of psychological healing for the bereaved (Brennan 2014). Rituals, despite religious and cultural differences, represent the appropriate disposal of bodies and shared emotional experiences of grief (Seeman 2011; Brandt 2015; Huggins & Hinkson 2019). It is clear why rituals and the observance of customs are essential for the bereaved. Hoy has pointed to participations in funerals as offering therapeutic benefits to mourners:

The desire of humans to connect with others likely grows out of an intuitive sense that isolation is not good. Humans are social beings. While connection is a sense of not feeling completely alone, perhaps support is sensing the efforts of caring people to help in tangible ways. In no other place does the role of caring community become more treasured than in confronting loss. The proliferation of bereavement groups and the consistent attendance at their meetings by many testify to their value (2013: 22, 52).

Funerals underscore the significance of social support and sociality of humans, and the innate human desire to be connected, especially in crisis times. Funerals are often private and deeply personal events for the living, where families and friends convene to focus on remembering the deceased, through carefully planned rites, yet filled with emotions and

solidarity in sharing the loss, and with contemplations on the meaning of life and death (Jindra & Noret 2011). The benefits from mutual support translate into coping with grief in a healthier way, leading to a better quality of life (Hoy 2013). As Hoy aptly observed:

But funerals are great for the soul, the real 'us' down deep. They remind us of the truly enduring values, of the relationships we share and the people whose lives we touch, as well as helping us recall the people whose lives have touched ours. Funerals are dynamic occasions that provide a moment or a few days to stop and express gratitude to those who have 'blazed the trail' ahead of us (2013: 168).

The examples above have illuminated the practice and significance of burials and funerals, and the importance of commemorating the deceased through rituals and social support in times of loss. Notwithstanding the diversity of burial and funerary practices, there exists a strong relationship between rituals and healing. Continuity in conducting traditional norms of funerals and burials affects grieving families on a personal level, as well as extended families, communities and the population as a whole. How does Covid-19 affect these norms? Rituals and funerary practices that may not be possible during pandemic times will influence the grieving process of the bereaved and how they wished to honour the deceased. The next section identifies the ways in which the pandemic has reshaped the landscape of burials, funerals and mourning.

[C] *IN THE MIDST OF LIFE WE ARE IN DEATH: DEATH IN THE CORONAVIRUS ERA*

The Covid-19 pandemic that swept the globe has resulted in an exponential increase in deaths which continues today. This rise in death corresponds to an increase in funerary needs, creating pressures in accommodating safe burials, leading to consideration of mass, rapid burials and dispensation with strict religious burial requirements (Fleet 2020; Murphy 2020). Individuals and families have faced drastic disruptions to the way they bury loved ones and grieve their loss. Various states in the United States, Indonesia, Bangladesh, France and Italy immediately prohibited the ritual of washing the deceased, viewing the body and large gatherings, resulting in isolated, shortened funerals, simplified rituals, increased online funeral services, and a significantly reduced time period in claiming dead bodies on public health grounds in order to reduce reinfection risks (Blum 2020; Financial Express 2020; Hawley 2020; Kovner 2020; Levine 2020; Tisnadibrata 2020). Other restrictions include touching the body or opening of the coffin, and suspension of the usual religious or ritual practices for burials or cremations (Khoo & Ors 2020).

Legal Restrictions on Burials and Funerals During the Pandemic

In response to minimizing Covid-19 transmission, the UK Government introduced the Coronavirus Act 2020 and specific guidance that restricted gathering, access to places of worship, funerals and burials. National and local authorities are granted specific powers in relation to the transportation, storage and disposal of dead bodies (section 58B and schedule 28). These powers enabled local authorities to direct funeral and crematoria directors to simplify the death management process in handling increased death (Fairbairn 2020a), leading to the possibility that disposal choices may be disregarded. Although section 46(3) of the Public Health (Control of Disease) Act 1984 prohibits cremation against the wishes of the person, this provision is suspended with the introduction of the Coronavirus Act 2020. In seeking to ensure that choices for disposal will be respected as far as possible, religious and faith groups with specific requirements for burials (such as Muslim and Jewish populations) have voiced their concerns regarding the risk of enforced cremation against their religious proscriptions. The Government, following such concerns, has reassured the concerned groups that the power granted, if exercised, must 'have regard to the desirability of disposing of the bodies in accordance with the person's wishes or religious beliefs, signalling some accommodation with choice (Fairbairn 2020b). Despite such assurance, concerns remain regarding the prospect of cremation against the deceased's wishes as national or local authorities have the power to decide in the current law. In response to this concern, local authorities are directed to work with local communities in agreeing on the appropriate modes of disposal that accommodate the person's wishes as far as possible.

Specific restrictions apply to the care of the deceased with suspected or confirmed Covid-19. Public Health England (2021) guidance endeavoured to balance the need to manage dead bodies sensitively and with dignity, while safeguarding from infections those people who need to handle the bodies. Pursuant to this approach, standard infection control and transmission-based precautions were incorporated to prevent further risks arising from the handling of dead bodies. As such, family members are advised to withhold touching the body, maintain two metres' distance, and to seek help from healthcare professionals. This signified that only trained professionals are allowed to wash and dress bodies, while bereaved families and clinically vulnerable people are strongly advised not to participate in these rituals. Where contact is considered necessary, bereaved families are advised to wear personal protective equipment,

with oversight by trained professionals. Particular caution is paid to funeral directors in preparing and transporting dead bodies for burial or cremation, with precautionary protocols for wearing personal protective equipment (gloves, apron, mask and eye protection), maintaining physical distancing, using shrouds or body bags in managing transmission risk, and wiping the external surface of body bags with disinfectants. These preventative measures underscored the continued risks of transmission through contact with deceased bodies via fluids, tissues and droplets.

Attendance at funerals is considered an integral part of death management. While funerals are permitted to continue, restrictions are underpinned by public health protection to curb transmission risks; with the expectation that funerals are expedited and social distancing maintained at all times. The safe management of bodies and arrangements for burials and funerals are within the remit of national authorities, with as much respect as possible accorded to traditional customs, underpinned by public health and safety protocols (World Health Organization 2020). Attendance at funerals is treated as an exception to the general stay-at-home orders in force in April 2020 at the height of the pandemic (Pocklington 2020; Public Health England 2020). Only the members of the person's household and close family members, in addition to the funeral director, chapel attendant and funeral staff are allowed to attend the deceased's funeral. Where family members are unable to attend, their close friends may attend, and the attendance of a celebrant is only permitted upon the request of the bereaved family. Symptomatic mourners are not permitted to attend and instead are encouraged to participate remotely. Further, the Health Protection (Coronavirus, Restrictions) (No 2) (England) Regulations 2020 enacted under the authority of section 45R of the Public Health (Control of Disease) Act 1984 restrict access to certain places including public places, which may include funeral services and religious buildings. The latter include restrictions to memorial services in places of worship. Sections 5 and 6 of the regulations specifically limit participation in gatherings in excess of 30 people in private places, and accessing public places.

Following a slight decline in cases, restrictions to funeral attendance were relaxed in August 2020 to enable 30 people to attend a funeral

with permitted overnight stays.¹ However, maintaining health and safety remains the operating framework, particularly relating to face covering (Public Health England 2020). Specific rules apply to managing funeral venues and mandating face covering while indoors in places of worship, burial grounds and crematoria. Although the authorities recognized the significance of shared mourning and social support, the guidance does not depart from the aim to reduce transmission risks, which emphasized the heightened transmission risks arising from intermingling between different households across the country. Similar to the guidance in force in April 2020, the then guidance reiterates the importance of non-delayed funerals, social distancing at all pre- and post-funeral services, recommends the deferral of memorial services, and encourages live streaming of funerals and remote participation for clinically vulnerable mourners. Those who are shielding are not allowed to attend while restrictions are in place. The restrictions on intermingling between different households extend to travelling to and from funerals, with mourners directed to face away from each other while maintaining hand hygiene at all times. Restrictions to funerals and burials continue to apply as new variants emerge and circulate in the communities.

Sanctions are imposed for failure to comply with these requirements, ranging from fines to imprisonment (Ministry of Housing, Communities and Local Government 2020a; Health Protection (Coronavirus, Restrictions) (No 2)(England) Regulations 2020)). For example, people should not share food or touch or kiss objects that are handled communally, suggesting that mourners are discouraged from sharing funeral meals. However, where food is essential to the funeral service, this is permitted and should be appropriately secured. There are similar restrictions for funeral directors in organizing funerals and associated commemorative activities, such

¹ The Government's roadmap out of lockdown (published on 22 February 2021), which was imposed between January 2021 and March 2021, sets out the gradual lifting of restrictions pursuant to a four-step approach. Restrictions on funerals remained in place until 12 April 2021, where only up to 30 mourners were permitted to attend, while up to 15 people were permitted to attend wakes. The limit on funeral attendance remained capped at 30 people, although 30 people were allowed to attend wakes after 17 May 2021. These restrictions were reviewed in June 2021, with further relaxations in July 2021, culminating in the lifting of all legal restrictions in August 2021. See further Cabinet Office (2021). The restrictions described in this section were in force during various lockdown stages announced by the Government between January 2021 and March 2021. The guidance was withdrawn on 19 July 2021. The updated guidance for funerals and commemorative events during the coronavirus pandemic dated 22 January 2022 stipulates that face coverings are no longer required by law in England, though face coverings are recommended in crowded and enclosed spaces where it is possible to come into contact with other people. People who are clinically extremely vulnerable are advised to consider carefully if they should attend funerals or commemorative events due to the severe risks of Covid-19. Despite these relaxations, the guidance advised mourners not to participate in rituals that requires them to come into close contact with the deceased for fear of reinfection.

as strictly managing the entry and exit to funeral venues, ventilation and people movements. An aspect that is particularly significant is the suspension of rituals that generate aerosol particles, such as singing, chanting, playing music or instruments that require blowing, and activities requiring voice projections. This means that group singing and religious chanting should be avoided. Singing is limited only to a small group of professionals outside, but where conducted indoors should utilize plexiglass screens for protection. The current rule on wearing face coverings while indoors applies unless exempted. Consequently, mourners are unable to recognize each other instantly, creating a distant appearance in an already sombre affair. This is amplified by the advice for specific seating arrangements in order to avoid face-to-face encounters, augmented by protective screens. Participation in funerals is similarly limited to mourners who are not self-isolating; hence, older individuals, extremely clinically vulnerable people and people who are shielding or are more likely to be at risk are advised to stay at home. Post-prayer celebrations are limited to six people from different households where these are held outdoors and with two metres' distancing (Ministry of Housing, Communities and Local Government 2020a). Restrictions imposed for religious services in places of worship have meant that mourners may not be able to conduct pre-burial/funeral service gathering or wakes for the deceased or post-funeral service gathering and meals.

Does the Law Strike an Appropriate Balance?

It is clear that the pandemic has upended funeral and burial practices. Many familiar traditions and the grieving process have been modified to comply with health measures (Felter & Maizland 2020). Swift measures under national legislation and a slew of guidance, briefing papers and reports have illustrated the transformations to how people are buried and remembered. While the law aspires to balance the caution to protect public health and meet the needs of bereaved families to perform the last rites for the deceased, social-distancing requirements and public health safety have meant that any rituals that are performed are considered incomplete and may be unlikely to temper the gravity of grief and provide much-needed consolation. For example, families, where they are permitted to conduct simplified rituals in limited circumstances, have to wear personal protective equipment and be supervised by trained professionals, giving the appearance of being further alienated from the deceased, thus amplifying the loss and sorrow. The shift towards the handling of the deceased by health officers and the need for oversight created a sense of medicalization to the process, affecting important last

rites that are normally undertaken by families. Similarly, families are unable to spend the final moments with the deceased privately which could add to the pain felt. The proscription on washing and touching dead bodies is likely to implicate mourners who are extremely clinically vulnerable, in cases where their life partners have died. There are bound to be segments of the population that would be disadvantaged, hence creating implications for the living as they experienced grief and post-death bereavement.

Customary wakes which are communal in nature in some cultures may be curtailed (O'Mahony 2020). Isolated funerals that became the norm at the height of the pandemic, compared to customary funerals, meant that relatives and friends were unable to be physically present and to offer instantaneous support to the bereaved. These phenomena may inadvertently result in deepened grief for the bereaved, as specific rituals represent the transition towards accepting that death has occurred and letting go in the grieving process. The in-person restrictions on burial and funeral attendance have elevated live-streaming of funerals to new heights, forming an essential component of loss sharing and offering of support (Gay 2020). Although online broadcasting of funerals and sharing of videos on social media are not new, they present new pressure points within the relationships between funerals, physical distance and grieving virtually (Walter 2017). While the availability of digital streaming of funerals provides some relief for the mourners, they do not fully alleviate the pain of loss, nor do they substitute for being present physically (Walter 2017: 97). It is comparable to the sense of incompleteness experienced by families who are only able to view the body at a safe distance. Notwithstanding such inadequacies, they are valued by mourners who are unable to be present physically, offering a limited sense of togetherness in that particular space and time.

The question whether the law has struck an appropriate balance between protecting public health and enabling bereaved families to grieve is not an easy one to answer. The law accommodates the opportunity to hold funerals, and in this aspect recognizes mourners' needs to grieve. However, the overarching principle is girded in public health towards preventing re-infections, both for the workers handling the bodies and the families and wider community. Advice for speedy burials and highly simplified funerals demonstrates the constant reminder that the population's health (ie a majoritarian concern) is prioritized. The bereaved are expected to understand and accept the modified approach, despite being rushed through the process. The concessions available to the bereaved in participating in burials and funerals are simply

incidental to safeguarding public health. This is likely to be a contentious suggestion. However, further relaxations to the restrictions as infection rates plateau or decline signal that the widening of the possibility to participate in funerals is contingent on public health. It is evident that the central premise in these restrictions lies in the perception that dead bodies constitute an undesirable cause of infection, while this may not be the priority for families (Strange 2005: 70). Families' participation in the cleansing rituals for the deceased prior to funerals and burials reinforced the maintenance of the bonds between them, which serves the bereaved in their grieving journey. Rituals associated with wakes and viewing, touching or whispering to the deceased contained multilayered significance to the bereaved, from appreciating life's mortality, to coping with the loss and enabling expressions of sympathy and support (Strange 2005: 97). Strange correctly observed that 'Laying out had its own logic, based upon ideas of tradition, decency and ownership, which was no less valid for being at odds with the ideals of sanitary reformers' (ibid: 97). Personal narratives from bereaved families have revealed a more hurried experience compared to traditional timelines (Kenny 2020; Mayland & Ors 2020), indicating the shifting of the balance in favour of sanitary disposal in the competing interests between public health and private losses. The risks of infection transmission from handling dead bodies cannot be discounted; hence handling by health officers is inevitable in the process. However, the socially distanced conduct, protective gear and other pared-back customs are the events that people remember and which constitute the source of complicated grief that could become persistent. Such grief is unquantifiable despite the outward appearance of normality. Although there is awareness in acknowledging the loss through planned memorials for bereaved families in sharing their experiences, grief remains highly personal.

It is accepted that rituals provide a scaffold for bereaved families in channelling their emotions, paving the slow path towards life after loss, and provides a familiarity for them in managing the healing process (Moran 2017: 417). The analyses illustrate how the dead are still bound up with the living through specific rites and rituals that encompass social practices, religious beliefs and ancestral customs and cultures, signifying the transition from and separation between the dead and the living. The diversity of approaches does not deviate from the central idea that these practices are significant for therapeutic effects for the living, and the restrictions have adverse implications in the long-term. While securing public health through minimizing re-infection risks arising from burials and funerals is a defensible notion, the approach could be

better implemented. The restrictions, while acceptable to the extent that they acknowledge the importance of grieving, should be accompanied by measures to support the long-term implications to the bereaved. It is equally essential to establish cooperation between bereaved families, public health workers and local authorities to smooth the harshness of the conflict between, on the one hand, maintaining traditional rituals of burials and funerals and, on the other, the need for safe burials. It becomes imperative to recognize that rapid burials will have deprived bereaved families' need to 'see' the dead bodies and to experience funerals as part of the healing process. Moran aptly observed:

Would body bags of transparent plastic help to make the corpse more 'present' and allow more time for the family to express their grief while maintaining their safety? Are there other ways in which the symbolic equivalent of a body, like the shrines and cloths used for false burials in the southeast, could provide emotional comfort? With the benefit of hindsight ... can those guidelines be written from the perspective of the bereaved? (2017: 416).

It is vital to ensure that legal restrictions do not appear to 'penalize' communities with specific rituals, or for them to give rise to attributions of blame where burial and funeral requirements are perceived as contagious sources. It is unfortunate that specific communities were being blamed for the spread of Covid-19 due to participation in burial and funeral services owing to the differences in religious beliefs and the difficulties in reconciling competing values in carrying out religious rituals and minimizing the spread of infections (Barry 2020; Ellis-Petersen 2020; Katz 2020; Marshall 2020; Wright 2020a). These events would have intensified the grief and loss felt from the death of loved ones. It is pertinent to pause at this juncture to consider the extent to which these regulatory restrictions have been framed within a Christian worldview of death to the exclusion of other faiths and their practices. This is highly likely to create significant implications to the experiences of the bereaved with different religious and cultural sensitivities. The common law is historically influenced by biblical principles, morals, customs and Christian values governing the relationship between individuals in societies throughout the centuries, delineating rights and responsibilities and fundamentally premised on protecting such rights and society (Gest 1910). It is thus unsurprising that questions of death, rites, burials and funerals are shaped by these notions. However, in a contemporary society such as modern England, such perceptions may not necessarily coalesce with the increasingly diverse society, where ethnic communities continue to practise and nurture their distinctive customs and belief systems. Neglecting this aspect would mean overlooking the important value systems affecting

various faiths in society and consequently misconstruing their reactions to regulatory restrictions that are perceived as incompatible with their worldview of death and dying.

Restrictions on burials and funerals are not new and were implemented during the Ebola pandemic (Lee-Kwan & Ors 2017). These restrictions were underpinned by the close association between transmission risks and direct contact with dead bodies (Tiffany & Ors 2017; Moran 2017). A study into burials during the Ebola spread in Sierra Leone revealed concerns regarding interruptions to cultural traditions in washing and touching dead bodies, and misconceptions about mishandling of bodies and stigma (Lee-Kwan & Ors 2017). The community in the study perceived that the failure to adhere to proper sending-off rituals 'may result in misfortune' (ibid: 24-25). Suspicion towards health burial teams originated from misconceptions about the ways bodies are treated, the inability to participate in burials, and stigma surrounding the death and consequent quarantine (ibid: 27). Such concerns can be found in the current pandemic. It is therefore essential that the authorities adopt a more pluralistic attitude towards burial and funerary practices as opposed to a purely sanitary or hygienic approach in the handling of bodies. This approach would obviate some of the resistance encountered in managing dead bodies under the cloud of the pandemic. A pluralistic approach necessitates an appreciation for and an understanding of the variegated belief systems and rich socio-cultural and traditional practices within the communities that shape their worldview of life and death. New procedures to address these barriers include improved communication in engaging families in order to facilitate their understanding of the necessity for medically safe burials and allowing them to view the burial from a safe distance (ibid: 28). These bring forth the complex, interlinked relationships between participation in funeral preparations and the emotional implications to the bereaved; broadening the view that rituals are not merely mechanistic, routine procedures, but that they play a significant role in the grief and bereavement journey. More crucially, it illustrates the importance of efficient coordination, clear directions and strengthened communication between public health workers and the communities in the death management process in highly charged atmospheres during the pandemic. Building bridges and partnerships between faith groups and Covid-19 infection prevention units are more important than ever in these circumstances.

[D] IMPLICATIONS FOR THE LIVING AND OPTIONS FOR SUPPORTING MOURNERS

There are short and long-term implications for mourners and bereaved families vis-à-vis disrupted grieving arising from the restrictions. The dispensations with conventional rituals in burials and funeral services, limits to the number of in-person attendees at funerals, and curtailed interactions amongst mourners have affected bereaved individuals on a personal and emotional level. These phenomena have created wide-ranging psychological responses, from anger to disappointment, deep frustrations and isolation (Aguiar & Ors; Deggans 2020; Hawley 2020; Holter 2020; Kenny 2020). Bereaved families experienced profound grief and a sense of incompleteness in remembering the loss while navigating burials and funerals through the restrictions (Ansberry 2020; Claydon 2020; Frangou 2020; Kenny 2020; Seymour 2020). Curtailed expressions of grief caused resentment in surviving families who were forced to accept a restrained commemoration or funeral service (Kenny 2020). A particularly significant implication for the bereaved is coping with being deprived of sharing the grief by being near to their loved ones. Physical expressions of support and comfort such as hugs are replaced with eye expressions of understanding due to physical distancing. Mourners who participated in the funeral services remotely had to cope with technological limitations such as interrupted live streaming, while the environment amplified the sense of solitariness in remembering the day. These do not substitute for the healing and supportive power of physically holding another person and consoling each other. Instead, the bereaved could only process their own emotional responses privately. Anecdotal accounts describe, for example, the presence of neighbours' gestures in silently supporting the bereaved and displaying mutual solidarity in grief (Kenny 2020). The ritual of sharing the memories of the deceased either during wakes or funerals which formed part of the healing and grieving process becomes truncated. Ceremonies and rituals provide 'comfort' and a sense of anchor in the complicated moments of grief (Seymour 2020). These narratives painted a landscape of desolate, solitary experience, transformed from the usual supportive opportunities through funeral meals, wakes and services.

The lack of physical support, sharing of tissues, the distance and the attire (in personal protective equipment) have cumulatively resulted in depressing moments for the bereaved as they adapted to the temporary 'normality' of funerals and a continued sense of isolation. Grief can become profound under these circumstances. Grief is a natural human reaction arising from attachment to another (Walter 2017: 83). Bereaved

individuals experience different levels of grief, from pain, exhaustion, and relief; to guilt, helplessness, confusion, despair, detachment, feeling withdrawn and disbelief (Kübler-Ross 1969; Parkes 1998; Green & Green 2006: 191; Walter 2017: 235, 236); to psychological or pathological clinical depression in some circumstances (Brennan 2014: 327). Grief can manifest itself in silence and internalized sadness or in incoherent articulation of sorrow and conspicuous public lamentation. Time is irrelevant to grief, as it spans across the death process, where families continue to grieve in private. Assumptions surrounding time as mediating grief and thus providing closure to the bereaved remain inconclusive. The recovery process and time are likely to be considerable as mourners go through various stages of responding to the loss and coming to terms with the death (Green & Green 2006: 191, 192). Numbing, yearning and searching, disorganization, despair and reorganization are part of the recovery process (Bowlby 1969). Continued attachment to the deceased, known as continuing bonds, are normal in grief and bereavement (Klass & Ors 1996). Consolatory efforts that move the mourner away from the deceased would be unlikely to be beneficial; rather, it would be more helpful to the mourner to understand a world without the deceased (Green & Green 2006: 327). This appreciation comports with the continued attachment theory to the deceased, with gradual lessening of grief over time, but never completely overcome.

Complicated grief precipitated by Covid-19 is particularly significant in understanding the implications for the bereaved. Complicated grief is understood as an augmented response which occurs following sudden death or violent circumstances, or where deaths result from disaster or lack of support from families and friends resulting in insomnia or deep anguish (Green & Green 2006: 192; Stroebe & Ors 2013). It is marked by a period of prolonged sorrow, with continuous depressive moods, stress disorder, or guilt for the loss of loved ones, which are compounded by enforced physical distancing and the lack of human touch (Frangou 2020; Gamino & Ors 2000). A parallel can be drawn between families' experiences in confronting visitation restrictions for loved ones who are dying in intensive care units, and restrictions in funeral attendance and participation. Both create elevated risks for complicated grief to develop (Gesi & Ors 2020). The inability to communicate final thoughts to the dying or the dead have meant that the living carry the regret with them for a long time. The bereaved and mourners are expected to draw from their inner resources to cope with the loss, comforted by phone calls and videos from the funeral services. A study into the impact of funeral practices during Covid-19 on bereaved relatives' mental health and grief

revealed an inconclusive picture, with differing findings on the extent of benefit for relatives from funeral participation (Burrell & Selman 2020). However, the study found that the ability to determine the process of the funeral services and engage in rituals that are significant to the bereaved is beneficial to them. This finding suggests that the quality of funeral experience can potentially facilitate the grieving process. Consequently, funeral directors play an important role in offering opportunities to support bereaved families as much as possible, in shaping personalized, sensitive funeral arrangements within the confines of the pandemic (Burrell & Selman 2020: 32; Hennigan 2020). The limited exercise of choice may contribute towards building resilience to cope with the loss (Burrell & Selman 2020: 34). A rushed funeral experience thus would affect the grieving experience of the bereaved and their post-loss healing. Despite the personal loss experienced by families, the loss resulting from Covid-19 and the restrictions on funerals constituted communal grief (Bear & Ors 2020). This recognition paves the way for people to identify their shared losses and to develop ways to facilitate the grieving process post-pandemic and for offering mental health and wellbeing support for bereaved families.

A wider implication for bereaved families and communities is the re-evaluation of the meaning of life and relationships through death. The relationship between the dead and the living continues to exist, represented by the importance of rituals in burials and funerals and opportunities to mourn. The presence of dead bodies reminds the living of the mortality of human beings, the meaning of life, and the significance of transitioning to a future life without the deceased. Funerals, burials and graveyards are reminders of the social aspect of human life, as well as the emotional connections with the dead (Hall 2011). The inability to perform the usual rituals that involve bodily contact with the deceased created a void in the grieving process, with which it is difficult for the bereaved to contend. As a consequence, deepened grief is produced. The next section considers some options in supporting the bereaved in coping with the loss and the grief journey during the pandemic and beyond.

Accommodating Public Health Restrictions and Bereavement Support during the Pandemic and Beyond

There are several ways to support the bereaved and mourners during and after the pandemic. Restrictions imposed on the conduct of burials and funerals impact the bereaved immediately. Consequently, public

health restrictions affecting burials and funerals should involve active and continuous consultation with affected communities so that they can appreciate and accept the implications. For example, emphasizing the importance of conducting identification of bodies by relatives before burial in a safe and humane way can inculcate trust in public health authorities, followed by regular bereavement support that accommodates spiritual and religious care (Aguiar & Ors 2020). Better coordination amongst bereavement bodies supported by strong leadership to provide post-bereavement support could minimize the possibility of complicated grief such as ensuring continuity in connection through technology, individualized care and memorializations (Mayland & Ors 2020).

Giving opportunities to enable private moments during the burial and funeral process within permitted constraints can assuage the level of grief experienced by the bereaved to a certain extent. Prior discussion, involving clear and sensitive communication about the limitations, enables available choices about body disposal to be considered and exercised in honouring the deceased. While the restrictions may appear common sense from the public health perspective, they may not be accepted as such by bereaved families and could be interpreted as disproportionate to their loss. Resistance towards burial and funeral restrictions can result in conflict and cause further adverse effects on the grieving process. A tailored approach, with particular care for different socio-cultural demographics, is helpful to develop a local understanding and reciprocity between the authorities and communities in the death management process. It is equally essential that the population and affected communities are aware of the restrictions, with prior consultation carried out and consistent communications throughout the process. This approach would help towards engendering trust between the parties and collaboration in managing the death process.

Protecting public health is broad enough to include supporting bereaved families who have experienced complicated grief arising from losing loved ones during the pandemic. Cognitive behavioural therapy, remote counselling, virtual memorialization services and encouraging the continuity of bonds are options to help bereaved families negotiate their loss (Carr & Ors 2020; Maddrell 2020; Morris & Ors 2020). These are helpful for the bereaved during and after the pandemic, especially the importance of long-term counselling and grief management plans to enable the bereaved to navigate the mourning process in a healthy way. Alongside bereavement support groups, other measures to mediate grief include self-help, lifestyle management (sleep, diet, stress relief), mental health support and grief counselling (Green & Green 2006: 194; Brennan

2014: 237, 241). Personalized, tailored care is essential to support mourners, taking into account personalities and socio-cultural practices (Anderson 2010; Brennan 2014: 242). The continuity of support post-pandemic is crucial to facilitate the bereaved families' adjustment to the loss, helping them transition from grief to hope.

The pandemic is likely to be remembered for years to come. Public mourning is recognized as an act of solidarity with bereaved families and those who grieved alone; as such, organizing events to mark the loss due to the pandemic could be valuable in acknowledging loss and grief (Bristol News 2020). These commemoration events on a national level are important towards recognizing that the private grief of the bereaved families is shared collectively. Their loss is not only acknowledged but goes towards respecting and honouring those who died in the pandemic. Public memorializations therefore constitute part of a solidarity gesture in facilitating the healing journey for the bereaved.

[E] CONCLUSION

This article has outlined how the Covid-19 pandemic has affected burials and funerals. Rituals in burials and funeral services are significant in the grieving journey for the bereaved within the broad context of death and dying. Traditional funerary customs are suspended during the pandemic in the interest of preserving public health. Physical and social-distancing requirements have interrupted the familiar process of being present for the loved ones who are dying or dead, thereby leaving the bereaved particularly vulnerable to grief in times of loss. These restrictive measures have dented the grieving process, resulting in a less than cathartic healing process to the living. While it is important to prevent further re-infection risks arising from the handling of dead bodies, it is imperative that affected people are given the opportunity to understand the circumstances and allow possible accommodations within the constraints. Additionally, as these restrictions apply to all burials and funerals during the pandemic, which may not necessarily be caused by or related to Covid-19, the implications for bereaved people could be even greater. A broad-brush public health approach towards minimizing the risks of transmission is defensible if accompanied by appropriate, constructive remedial measures to preempt and address long-term implications to the health and wellbeing of the bereaved and the wider community.

Grief management is essential in facilitating closure for bereaved friends and families. Short and long-term wellbeing support mechanisms can assist individuals and families navigate the difficult times and

heal the loss of loved ones. Financial support to fund the offering of wellbeing support services is vital and should be available to all layers of communities. This will help rebuild their lives without the deceased, strengthen their resilience and prepare them for similar future crises. Modifications to how people participate in funerals and burials during the pandemic may prompt innovative ways in conducting funerals, choices for rituals, and the accommodation of particular customs and practices, resulting in greater flexibility. Digital streaming of funerals, for instance, may continue post-pandemic. Grieving is a long, arduous process, and its gravity is amplified in a pandemic. It becomes imperative to recognize these difficulties and to offer sustainable bereavement support.

About the author

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